

City of Norfolk
APPLICATION FOR RESIDENTIAL
PROPERTY OWNERSHIP PROGRAM GRANT
As provided by City of Norfolk Ordinance No. 41,839

INSTRUCTIONS TO APPLICANT

The information required on the application must be filled out in its entirety and returned to **Sharon M. McDonald, Commissioner of the Revenue, P.O. Box 2260, Norfolk, VA 23501-2260**. All information on the application is confidential and not open to public inspection. A federal **OR** state income tax return should be attached to the application **OR PROOF OF INCOME MUST BE PROVIDED**. For additional information please call **441-1502**.

Please Print

Name(s) as appears on Tax Bill _____
Last First MI Spouse/Co-Owner

Name of Applicant _____ Birth Date _____

Social Security Number _____
Owner Spouse/Co-Owner

Residence Address _____
Number Street Zip Code + Four

Phone Number _____ Legal Description Lot(s) _____ Block _____

1. How long have you resided at this residence? Start Date _____ End Date _____

2. Is the applicant the: ☐ Owner ☐ Partial Owner?

If partial, give percent of ownership _____

3. Is the Owner the sole occupant of the Residence? ☐ Yes ☐ No

4. List the names of all other persons occupying the above residence.

Name	Relationship
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

5. Do the property owners own any other Real Estate? ☐ Yes ☐ No

If so, list location _____

6. Did the owners file a Federal or State Income Tax Return? ☐ Yes ☐ No

(If yes, please furnish copy of Federal form)

7. Is any part of the residence leased or rented to other persons? ☐ Yes ☐ No

PLEASE COMPLETE REVERSE SIDE OF PAGE

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☐ Current on Real Estate Taxes 2005 Assessment _____ 2004 Assessment _____

☐ Greater than 10% increase Account Number _____

Total income (gross) of the owner(s) and all relatives living on the property, from All Sources as of **December 31, 2004**.

MONEY FROM	PERSON RECEIVING	ANNUAL INCOME
Income	Property Owner(s)	\$
Part- or Full-Time Work	Property Owner(s)	\$
Rent from Roomers/Tenants	Property Owner(s)	\$
Interest from Bank Accounts	Property Owner(s)	\$
Dividends from Stocks & Bonds	Property Owner(s)	\$
Retirement Pensions	Property Owner(s)	\$
Income of Related Persons	Relatives Living on Property	\$
Social Security	Property Owner	\$
	Total Income	\$
FOR OFFICE USE ONLY		Disability -
EXEMPTION PERCENTAGE		TOTAL

Total combined financial worth of owner(s) and all relatives living on the property as of **December 31, 2004**. (DO NO INCLUDE THE PROPERTY YOU ARE LIVING ON.)

Checking Accounts	\$	Motor Vehicles	\$
Savings Accts & IRAs	\$	Boats & Trailers	\$
Stocks, Bonds & Trusts	\$	Other Real Estate	\$
Certificates of Deposit & Money Market Funds			\$
Liabilities			-\$
(e.g. Auto Loans, Mortgage balance, credit cards, other loans)			
TOTAL COMBINED NET FINANCIAL WORTH			\$

AFFIDAVIT

I, _____ of legal age, swear on my oath the foregoing statements are true and accurate to the best of my knowledge and belief, that the purpose of this grant is to aid in the improvement of my dwelling or payment of my taxes owed for the taxable year, and I understand that any factors occurring during the taxable year for which this affidavit is filed that have the effect of exceeding or violating the limitations and conditions provided the ordinance shall nullify any grant. Any person or persons who shall falsely give information on which this grant is based shall be guilty of a misdemeanor and upon conviction thereof shall be punished by a fine not exceeding \$500.00.

Signature _____ Deputy Initials _____ Date _____

If this application is not signed in the presence of a Deputy Commissioner of the Revenue, your signature must be notarized.

STATE OF VIRGINIA

CITY OF NORFOLK, to wit: Personally appeared before me in my county and state aforesaid _____ who being first duly sworn by me acknowledged the signature to the foregoing affidavit to be his or her own and stated that on information and belief the said statements are true and correct.

Given under my hand this _____ day of _____, _____.

Notary Public _____ My Commission expires _____